Diet Therapy

Development and Role of a Food Clinic

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FROM THE latter half of the nineteenth century to the early part of the twentieth century, the Diet Kitchen Association of New York City and the South End and North End Diet Kitchens of Boston had distributed food to the "sick poor" on the basis of social and economic needs. At that time the Boston Dispensary had an affiliation with the South End Diet Kitchen. The recognition of the limitations of this practice in other fields as well as in nutrition led to the present-day trend which enables the individual to care for himself. Although the process of educating the individual is more time-consuming in the beginning, it has proved, in the overall analysis, to be less expensive and its results more lasting.[1]

One of the first to recognize the inadequacy of the practice of food distribution was the late Frances Stern, who as an instructive visiting housekeeper for the Boston Tuberculosis Association and later for the Boston Provident Association, had frequently accompanied patients on their visits to the Boston Dispensary. Miss Stern became aware of the possibilities of extending the services of the diet kitchens so that patients could be taught the wise use of food and also how their food needs might be fulfilled in view of their medical, social, and economic needs. She further felt that there was a place for a unit associated with a medical organization where patients might receive this instruction.

In this connection she sought the help of Michael M. Davis who at that time was the Director of the Boston Dispensary. His foresight and recognition of the importance of nutrition to successful medical treatment readily led to his approval and encouragement of Miss Stern's request to establish a "Food Clinic." Thus, the Food Clinic at the Boston Dispensary was established as a medical clinic service in April, 1918. As such, it was the "initial step in organized medical application of the knowledge provided by the science of nutrition."[2] Twenty-five years later the Board of Managers of the Boston Dispensary renamed the Food Clinic the "Frances Stern Food Clinic" in honor of its founder whose experience, vision, and philosophy continue to be the basis of the clinic's structure.

The original purpose of the Food Clinic was to provide direct service to the patient by interpreting the physician's food order. Essentially, this entailed teaching the patient the principles of nutrition in terms that would help him to understand the reason for and importance of adhering to the diet which had been prescribed. Inasmuch as the patient is ambulatory, he must be taught to assume the responsibility of planning, purchasing, and preparing his own diet at home. In this role, the Food Clinic continues to serve as a link between the hospital and the community.

At the Boston Dispensary the Food Clinic is professionally affiliated with and adjacent to the Medical Clinic. The facilities and services of the Food Clinic are easily accessible to patients, physicians, nurses, and social workers. The clinic consists of a large waiting room attractively furnished with round tables and chairs, pictures and objects of artistic and cultural significance which were selected for

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decorative and educational value. In addition, a small teaching kitchen, a nutrition workshop area, and three offices complete the food clinic unit.

In keeping with the philosophy of the Food Clinic, the nutritionist in order to function effectively must be an educator. She must realize that "motivation is at the very heart of the educational process,"[3] and that motivation results from a satisfaction of one's personal wants and goals. With this realization, the nutritionist seeks to learn the patient's immediate objectives. This knowledge in turn enables her to guide the patient who must assume the responsibility for carrying out his own diet.

The nutritional history is the means by which the nutritionist is able to define the wants and goals of the patient and teach in terms of them. During the interview, a nutritional history of the patient's past dietary habits, economic status, intellectual ability, personality, racial, religious, familial, and occupational background is elicited.[4] Since no two people have exactly the same backgrounds, wants, or goals, each diet is planned with and written for the patient individually. It is this individual planning and teaching which has continued to provide one of the most important motivating techniques used at this Clinic.

During the early years of the history of the Frances Stern Food Clinic, the majority of the patients were immigrants, and communication by word of mouth was difficult and often impossible. Therefore, in the teaching process it became essential to rely heavily on such aids as pictures, models, and actual foods, drawings or sketches, and the terms used by the foreign born. This was the beginning of the extensive use of teaching aids in the field of nutrition education. Although originally the purpose of teaching aids was to bridge the gap between the nutritionist and the foreign-born patient, it soon became recognized that these aids were an effective supplementation to educational methods for all patients.[5]

Concurrent with the problem of communication was the realization that a knowledge of the eating habits of individuals and families of various ethnic groups was necessary before the diet could be effectively planned and taught. An understanding and appreciation of the significance of food traditions and methods of food preparation for each nationality group indicated that changing the patient's native food habits to meet American standards was usually not necessary. For example, the Italian patient could meet his calcium requirement with familiar foods such as provolone, parmesan, or romano cheese. Moreover, it was easier and more effective for the nutritionist to change her teaching method.

The need for an educational method which would be universal to all nationalities was soon realized. The resolution of this problem seemed to be in the food constituent method of teaching food needs. Thus, instruction in terms of protein, fat, carbohydrate, the vitamins, and minerals rather than specific foods became a common practice. The value of teaching the food constituents has been realized in this country and is particularly appealing to visitors from foreign lands.

Through its nutrition education program, the services of the Food Clinic have been extended to the staff and patients of the Boston Dispensary and the New England Medical Center. The emphasis is on scientific nutrition information which is promoted by way of exhibits, posters, printed materials, films, and informal group teaching.

A Health Education Department, one of the first of its kind to be established in a medical institution, became affiliated with the Frances Stern Food Clinic over 30 years ago.[6] This was another phase of the nutrition education program directed to children who were considered a priority group at the Boston Dispensary. The purpose of this program was to encourage in children favorable food attitudes and practices through an understanding of the food constituents and their relationship to body needs. Nutrition was taught as it related to total health and not as an entity by itself. This was accomplished in the children's clinic by utilizing the waiting time for informal teaching.

Many lesson plans which were developed throughout the years have been compiled and

published.[7] It is interesting to note that a second generation is now participating in this program. The unsolicited evaluation from parents of children attending the clinic today, who themselves had participated in the program a generation ago, justify the program's educational value. This confirms the common knowledge that favorable nutritional practices initiated in the formative years of childhood may have potentially infinite value. This has also been one means of extending the services of the Food Clinic at the Boston Dispensary beyond the confines of the New England Medical Center to the community itself.

Although the primary purpose of the Frances Stern Food Clinic is nutrition education, both direct and indirect, a secondary function has arisen. Recognition by educational institutions of the clinic's methods has resulted in its becoming a teaching center. Students and visitors representing medicine and its allied fields, have been attracted to it from all over the world. At the present writing, over 500 students from such fields as medicine, nursing, social work, teaching, public health, and home economics, participate in the teaching program annually.

As early as 1926 dietitians and students from hospitals in and near Boston came to the Boston Dispensary for out-patient training in the Food Clinic. Ten years later, in 1936, a course of training planned to meet the specific needs of the clinic nutritionist was approved by the American Dietetic Association. The entrance requirements for the Food Clinic Internship are similar to those for the administrative and hospital internships for dietitians. However, in addition to normal and therapeutic dietetics, emphasis in the food clinic internship is placed on the educational, psychological, and socio-economic aspects of dietetics.

The Food Clinic Internship has constantly adapted its training objectives to the requirements of a postgraduate program. Thus, as the need, scope, and contributions of the internship program became recognized, academic credit at Tufts University Graduate School was granted in 1948. The intern, in addition to membership in the American Dietetic Association, can now obtain a master's degree in education by supplementing the internship with a selected academic program. The ultimate objective is to approach Dr. Lydia J. Robert's frequently quoted description of a successful clinic nutritionist:

". . .Take (a) all the knowledge of nutrition possessed by the college teacher of nutrition, (b) the special knowledge and experiences of the hospital dietitian with diet therapy, (c) the sympathy, understanding, and teaching ability of both the primary and high school teacher, (d) the knowledge of human problems and some of the techniques of the social worker and (e) the knowledge of factors influencing human behavior possessed by the psychologist. To these add: all the persuasive arts of the advertising artist, the high pressure salesman, or the stump orator, and you will have an ideal social service dietitian."[8]

This Food Clinic functions as an integral part of the Boston Dispensary and the New England Medical Center, affiliating itself closely with all departments where there is a need for joint service. It works co-operatively with community agencies in an effort to make the ambulatory patient self-sufficient and to insure continuity in the total treatment of the patient. The contribution of clinics such as this to preventive, curative, and rehabilitative medicine has been widely recognized and it is anticipated that the services of such food clinics will continue to expand with the newer developments of medicine.

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